

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Webster  
Township Niangua  
City Niangua (No. ....)

Registration District No. 900  
Primary Registration District No. 6207

File No. 28644a  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

John Calvin Dyche

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred Since birth yrs. .... mos. .... ds. ....  
How long in U. S., if of foreign birth? yrs. .... mos. .... ds. ....  
(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Dyche

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30, 1866

7. AGE YEARS 77 MONTHS X DAYS 27 IF LESS than 1 day, .... hrs. .... or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) 1908 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Same address

13. NAME Dotz Dyche

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Rebecca Epps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Anna Dyche

18. BURIAL, CREMATION, OR REMOVAL PLACE Prospect DATE ...., 19....

19. UNDERTAKER (ADDRESS) Rex Rainey

20. FILED Dec 9 1933 W. G. Williams Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....

I last saw him alive on ...., 19.... Death is said

to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fell. dead.  
Cause - Unknown

Other contributory causes of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Schmitt, M. D.  
(Address) Wongew md

U. S. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10-10-10

10-10-10